# Chapter 13 Section 9.1 Addendum 1, Section 13

## TRICARE-Approved Ambulatory Surgery Procedures - Extracranial Nerves, Peripheral Nerves, And Autonomic Nervous System

The number following the procedure code is the TRICARE payment group.

INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC

PROCEDURE	Pa	YMENT			
CODE		OUP DESCRIPTION			
SOMATIC NERVES					
64410	2	Injection, anesthetic agent; phrenic nerve			
64415	2	Injection, anesthetic agent; brachial plexus			
64417	2	Injection, anesthetic agent; axillary nerve			
64420	2	Injection, anesthetic agent; intercostal nerve, single			
64421	2	Injection, anesthetic agent; intercostal nerves, multiple, regional block			
64430	2	Injection, anesthetic agent; pudendal nerve			
$64442^{12}$	1	Injection, anesthetic agent; paravertebral facet joint nerve, lumbar, single			
		level			
$64443^{12}$	2	Injection, anesthetic agent; paravertebral facet joint nerve, lumbar, each			
		additional level			
$64470^{13}$	3	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet			
		joint nerve; cervical or thoracic, single level			
$64472^{13}$	3	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet			
		joint nerve; cervical or thoracic, each additional level (List separately in			
		addition to code for primary procedure)			
$64475^{13}$	1	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet			
		joint nerve; lumbar or sacral, single level			
$64476^{13}$	2	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet			
011.0	~	joint nerve; lumbar or sacral, each additional level (List separately in			
		addition to code for primary procedure.)			
$64479^{13}$	3	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical			
01110	J	or thoracic, single level			
$64480^{13}$	3	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical			
U440U	J				
		or thoracic, each additional level (List separately in addition to code for			
0440013	0	primary procedure)			
$64483^{13}$	3	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar			
0440413	•	or sacral, single level			
$64484^{13}$	3	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar			
		or sacral, each additional level (List separately in addition to code for			
		primary procedure)			
		primary procedure)			

#### INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC

PROCEDURE	Pa	YMENT	
CODE	GR	OUP DESCRIPTION	
SYMPATHETIC NERVES			
64510	2	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	
64520	2	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	
64530	2	Injection, anesthetic agent; celiac plexus, with or without radiologic	
		monitoring	
NEUROSTIMULATORS, PERIPHERAL NERVE			
64575	2	Incision for implantation of neurostimulator electrodes; peripheral nerve	
64590	4	Incision and subcutaneous placement of peripheral neurostimulator pulse	
		generator or receiver, direct or inductive coupling	
64595	2	Revision or removal of peripheral neurostimulator pulse generator or	
		receiver	

### DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL, ELECTRICAL, RADIOFREQUENCY)

PROCEDURE	Pay	MENT		
CODE	GR	DUP DESCRIPTION		
SOMATIC NERVIES				
64600	2	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital,		
		mental, or inferior alveolar branch		
64605	2	Destruction by neurolytic agent, trigeminal nerve; second and third division		
		branches at foramen ovale		
64610	2	Destruction by neurolytic agent, trigeminal nerve; second and third division		
		branches at foramen ovale under radiologic monitoring		
64620	2	Destruction by neurolytic agent; intercostal nerve		
64622	2	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or		
		sacral, single level		
64623	2	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or		
		sacral, each additional level (List separately in addition to code for primary		
		procedure.)		
$64626^{13}$	3	Destruction by neurolytic agent, paravertebal facet joint nerve; cervical or		
		thoracic, single level		
$64627^{13}$	3	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or		
		thoracic, each additional level (List separately in addition to code for		
		primary procedure)		
64630	4	Destruction by neurolytic agent; pudendal nerve		

#### **SYMPATHETIC NERVES**

64680 4 Destruction by neurolytic agent, celiac plexus, with or without radiologic monitoring

#### NEUROLOPLASTY (EXPLANATION, NEUROLYSIS OR NERVE DEOMPRESSION)

64702	2	Neuroplasty; digital, one or both, same digit
64704		Neuroplasty; nerve of hand or foot
64708	4	Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712	4	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve
64713	4	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus
64714	4	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus

### DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL, ELECTRICAL, RADIOFREQUENCY) (CONTINUED)

		ELECTRICALLY INVESTIGATION (CONTINUED)
PROCEDURE	PAYMENT GROUP DESCRIPTION	
CODE 64716	<u>G</u> R	OUP DESCRIPTION  Neuroplasty and/or transposition; cranial nerve (specify)
64718	9	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	4	Neuroplasty and/or transposition; ulnar nerve at endow
64721	5	Neuroplasty and/or transposition; median nerve at carpal tunnel
64722	2	Decompression; unspecified nerve(s) (specify)
64726	$\tilde{2}$	Decompression; plantar digital nerve
64727	2	Internal neurolysis, requiring use of operating microscope (list separately in
		addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
		N OR AVULSION OF NERVE
64732	4	Transection or avulsion of; supraorbital nerve
64734	4	Transection or avulsion of; infraorbital nerve
64736	4	Transection or avulsion of; mental nerve
64738	4	Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	4	Transection or avulsion of; lingual nerve
64742	4	Transection or avulsion of; facial nerve, differential or complete
64744	4	Transection or avulsion of greater occipital nerve
64746	4	Transection or avulsion of other granial names outradural
64771 64772	4	Transection or avulsion of other cranial nerve, extradural
	4	Transection or avulsion of other spinal nerve, extradural
		MATIC NERVES
64774	4	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	5	Excision of neuroma; digital nerve, one or both, same digit
64778	4	Excision of neuroma; digital nerve, each additional digit (list separately by this number)
64782	5	Excision of neuroma; hand or foot, except digital nerve
64783	4	Excision of neuroma; hand or foot, except digital herve.  Excision of neuroma; hand or foot, each additional nerve, except same digit
04703	4	
64784	5	(list separately by this number) Excision of neuroma; major peripheral nerve, except sciatic
64786	5 5	Excision of neuroma; sciatic nerve
64787	4	Implantation of nerve end into bone or muscle (list separately in addition to
04707	4	neuroma excision)
64788	5	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	5	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	5	Excision of neurofibroma or neurolemmoma; extensive (including
UTIUL	J	malignant type)
64795	4	Biopsy of nerve
EXCISION	-SYN	MPATHETIC NERVES
64802	4	Sympathectomy, cervical
NERVE RE	EPAII	R BY SUTURE (NEURORRHAPHY)
64830	7	Microdissection and/or microrepair of nerve (list separately in addition to
		code for nerve repair)
64831	6	Suture of digital nerve, hand or foot; one nerve
64832	2	Suture of digital nerve, hand or foot; each additional digital nerve
64834	4	Suture of one nerve, hand or foot; common sensory nerve
64835	5	Suture of one nerve, hand or foot; median motor thenar

#### DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL, ELECTRICAL, RADIOFREQUENCY) (CONTINUED)

PROCEDURE	Pa	YMENT
CODE	GR	OUP DESCRIPTION
64836	5	Suture of one nerve, hand or foot; ulnar motor
64837	2	Suture of each additional nerve, hand or foot
64840	4	Suture of posterior tibial nerve
64856	4	Suture of major peripheral nerve, arm or leg, except sciatic; including
		transposition
64857	4	Suture of major peripheral nerve, arm or leg, except sciatic; without
		transposition
64858	4	Suture of sciatic nerve
64859	2	Suture of each additional major peripheral nerve
64861	5	Suture of; brachial plexus
64862	5	Suture of; lumbar plexus
64864	5	Suture of facial nerve; extracranial
64865	6	Suture of facial nerve; intratemporal, with or without grafting
64870	6	Anastomosis; facial-phrenic
64872	4	Suture of nerve; requiring secondary or delayed suture (list separately in
		addition to code for primary neurorrhaphy)
64874	5	Suture of nerve; requiring extensive mobilization, or transposition of nerve
		(list separately in addition to code for nerve suture)
64876	5	Suture of nerve; requiring shortening of bone of extremity (list separately in
		addition to code for nerve suture)
NEURORR	ΗΔΙ	PHY WITH NERVE GRAFT
64890	4	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4
01000	-	cm length
64891	4	Nerve graft (includes obtaining graft), single strand, hand or foot; more than
01001	-	4 cm length
64892	4	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm
01002	-	length
64893	4	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4
01000	_	cm length
64895	5	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot;
04033	J	up to 4 cm length
64896	5	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot;
04030	J	
64897	5	more than 4 cm length  Norwe graft (includes obtaining graft), multiple strands (cable), arm or legi-
04697	3	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg;
64000	=	up to 4 cm length
64898	5	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg;
64001	4	more than 4 cm length
64901	4	Nerve graft, each additional nerve; single strand
64902	4	Nerve graft, each additional nerve; multiple strands (cable)
64905	4	Nerve pedicle transfer; first stage
64907	2	Nerve pedicle transfer; second stage

## TRICARE/CHAMPUS POLICY MANUAL 6010.47-M JUNE 25, 1999 CHAPTER 13, SECTION 9.1, ADDENDUM 1, SECTION 13 TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES - EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM

#### Except as provided below, all procedures are effective as of November 1, 1994

- 1 Code added for services performed on or after January 1, 1995
- <sup>2</sup> Code added for services performed on or after February 27, 1995
- <sup>3</sup> Code deleted for services performed on or after April 1, 1995
- <sup>4</sup> Code deleted for services performed on or after April 26, 1995
- <sup>5</sup> Payment group changed for services performed on or after February 27, 1995
- 6 Code added October 1995 effective for services performed on or after November 1, 1994
- <sup>7</sup> Code deleted for services performed on or after March 31, 1996
- <sup>8</sup> Code added for services performed on or after January 1, 1996
- 9 Code added for services performed on or after January 1, 1997
- $^{10}$  Code deleted for services performed on or after January 1, 1997
- <sup>11</sup> Code added for services performed on or after November 1, 1998
- <sup>12</sup> Code deleted for services performed on or after January 1, 2000
- <sup>13</sup> Code added for services performed on or after January 1, 2000
- <sup>14</sup> Code deleted for services performed on or after January 1, 2001
- <sup>15</sup> Code added for services performed on or after January 1, 2001